53.302-347 Order for Supplies or Services.

					RVICES							
	Mark all package			ct and/or	order nur	nbers.			<u> </u>			
1. DATE OF ORDER 2. CONTRACT NO. (If an			NO. (II ally)		6. SHIP TO: a. NAME OF CONSIGNEE							
ORDER NO. 4. REQUISITION/REFERENCE No.				NO.								
					b. STREET ADDRESS							
5. ISSUING OFFIC	CE (Address correspond	dence to)										
					c. CITY				d. STAT	E e. ZIP CO	DE	
	7.	. TO:			f. SHIP VIA							
a. NAME OF CON	TRACTOR				I. OI III VIA							
a. HAME OF CONTRACTOR					8. TYPE OF ORDER							
b. COMPANY NA	ME											
					☐ a. P	URCHASE		b.	DELIVERY ructions	Except	for billing erse, this	
c. STREET ADDR	ESS				REFERENCE	YOUR:		deli inst	very ord ructions c	er is su ontained on	bject to	
d. CITY		le STAT	E f. ZIP CODE		Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.				the terms	ELIVERY Except for billin ctions on the reverse, thing order is subject to ctions contained on this sid of this form and is issued subject e terms and conditions of the-numbered contract.		
u. Citt					sheet, if ar indicated.	ny, including	delivery as		vo nambore	o contract		
9. ACCOUNTING	AND APPROPRIATION	N DATA				TIONING OFF		'				
								12. F.O.B	POINT			
	LASSIFICATION (Chec		_	1	VANTAGED	g. SERV	ICE-	12. F.U.B	. FOINT			
a. SMALL	<u> </u>	THER THAN SM	ALL	_		DISA	BLED	}				
d. WOMEN-	-OWNED e. H	UBZone	L	f. EMERG BUSINI	ING SMALL	OWN	ED					
	13. PLACE OF		14. GOVE	RNMENT B	3/L NO. 15. DELIVER TO F.O.B. POINT ON 16. DISCOUNT TERMS OR BEFORE (Date)				S			
a. INSPECTION	b. ACCE	PTANCE				ONBERG	IIIL (Date)					
			17. SCHED	III F /See	reverse fo	r Rejection	e)		L			
	SUPPLIES	OR C	UANTITY ORDERED	T		UNI	т	AMC		QUA	NTITY	
ITEM NO. (a)	SERVICE (b)	S	ORDERED (c)		UNIT (d)		PRICE (e))	ACCEPTED (g)		
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	18. SHIPPING POINT		19. GBOS	SS SHIPPING	3 WEIGHT	20. INVOI	CE NO:					
	To. Shirring (Olivi		1.5. 31100		/2.0	20					470 - 70	
			21. N	AIL INVOIC	E TO:					-	17(h) TO	
SEE BILLING INSTRUCTION	a. NAME										page	
S ON												
ON REVERSE	b. STREET ADDRESS							17				
	c. CITY					d. STATE	e. ZIP CODE	· · · · · ·	-		GRAN	
	[L			
							23. NAME	(Typed)				
22.UNITED S	STATES OF CA BY <i>(Signature)</i>									RDERING OF		

53.302-347

			SUPPLEMENTAL IN	VOICING IN	EODMATION					
must be proprices, and exceed \$10	lo other in ovided; co extended (except	nvoice will be submit ontract number (if an I totals. Prepaid shi for parcel post), the	may be used by the C d and dated) is on (o tted." However, if the y), order number, iten pping costs will be in billing must be suppo	ontractor as r attached e Contracto n number(s) ndicated as rted by a bi	s the Contractor' to) the order: " r wishes to subr , description of s a separate item	s invoice, instead of a separate invoice, Payment is requested in the amount of nit a invoice, the following information supplies or service, sizes, quantities, unit on the invoice. Where shipping costs ceipt. When several orders are invoiced				
to an orderi	ng activit	y during the same bil	ling period, consolidat			uraged.				
				ING REPOR						
			mn on the face of this slow have been rejecte			ed, \square accepted, \square received by me				
SHIPMENT		tract. Items listed be	DATE RECEIVED			ZED U.S. GOV'T REP. DATE				
NUMBER	FINAL									
TOTAL CONTA	AINERS GROSS WEIGHT		RECEIVED AT	TITLE	TITLE					
			REPORT C	F REJECTION	ONS					
ITEM NO.		SUPPLIES OR	SERVICES	UNIT	OHANTITY					
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						OPTIONAL FORM 347 (REV. 3/2005) BACK				

[70 FR 14960, Mar. 23, 2005]